

Children's Health Queensland Hospital and Health Service Participant Consent Form (Parent/Guardian Version)

Participant ID Number: _____

Project Title: A mixed methods randomised trial of the Program for the Education and Enrichment of Relational Skills (PEERS®) for primary school children with acquired brain injury and cerebral palsy.

HREC Reference number: [Insert number]

Parent/Guardian

I have read the above information. I have asked all of my questions and received answers. I agree to enroll in the following parts of this study with my child.

- The therapy and assessments
- The video recording of the group sessions for evaluation purposes
- The use of the video recording of the group sessions for future training and education of other researchers and health professionals

Signature

Date

Print Name

CHIEF INVESTIGATOR

I have fully explained to the parent/guardian the nature and purpose of the program and the procedures to be employed as described above and such risks as are involved in their performance, and I have provided the parent/guardian with a copy of the Information Sheet.

Signature of Investigator

Date

Print Name

Position

INDEPENDENT WITNESS

I have witnessed the receipt of an Information Sheet by the parent/guardian and exchanging of information between the investigator and the parent/guardian about the study.

An auditor witness would optimally discuss the study with the subject and witness the subject signature

Signature of Witness

Date

Print Name

Position

IF DEEMED APPROPRIATE:

CHILD PARTICIPANT ASSENT

I have read the above information. I have asked all of my questions and received answers. I agree to take part in this study.

Signature of Child/Adolescent

Date

Print Name